

## Public Service Commission of Wisconsin (8161) - MADISON SMSA LIMITED PARTNERSHIP Commercial Mobile Radio Service Provider Annual Report For Year Ending December 31, 2005

Rules for Reporting
Assessable Revenue Definitions
Help

4026	<u>Help</u>	
* - indicates required fields		
Signature  I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.		
Utility Name:	MADISON SMSA LIMITED PARTNERSHIP	
Person responsible for accounts:	The stage of the contract of the stage of th	
Title of person responsible for accounts:	Chief Financial Officer *	
Date:	03/31/06 * (mm/dd/yyyy)	
Identification		
Utility Name:	MADISON SMSA LIMITED PARTNERSHIP	
Street Address:	5565 Glenridge Connector, Suite 1700 *	
PO Box:	PO Box Zip:	
City:	Atlanta	
Web Site Address:	www.cingular.com	
<b>Business Customers Phone:</b>	8003310500 Example 6085551212 Ext:	
Residential Customers Phone:	8003310500 Example 6085551212 Ext:	
Primary Address - Primar	y Utility Contact (located at utility address)	
Name:	Tom Jankowski *	
Title:	Senior Manager, State Government Affairs *	
Firm/Company:	Cingular Wireless *	
Office Address:	5565 Glenridge Connector, Suite 1700 *	
PO Box:	PO Box Zip:	
City:	* State: GA * Zip: 30342 *	
Fax Number:	8662470554 Example 6085551212	
Phone Number:	4042366711 * Example 6085551212	
Email Address:	tom.jankowski@cingular.com	
Annual Report Contact -  Same As Primary Address	Contact Person for Information Contained in This Annual Report	
Name:	Tom Jankowski *	
Title:	Senior Manager, State Government Affairs *	
Firm/Company:	Cingular Wireless *	
Office Address:	5565 Glenridge Connector, Suite 1700 *	

PO Box:	PO Box Zip:		
City:	Atlanta * State: GA *	Zip: 30342 *	
Fax Number:	8662470554 Example 6085551212		
Phone Number:	4042366711 * Example 6085551212		
Email Address:	tom.jankowski@cingular.com		
Regulatory Contact - Contact Person for Regulatory Inquiries and Complaints			
Same As Primary Address			
Name:	Office of the President	*	
Title:	Manager, Office of the President	*	
Firm/Company:	Cingular Wireless	*	
Office Address:	1100 Woodfield Road, Suite 200	*	
PO Box:	PO Box Zip:		
City:	Schaumburg * State: IL *	Zip: 60173 *	
Fax Number:	8474137446 Example 6085551212		
Phone Number:	8474137676 * Example 6085551212		
Email Address:	james.m.camberis@cingular.com		
Wisconsin?  1a) If not, please state the natural of the not.  1b) If not, do you intend to provide the natural of the not.  2) Do you believe that this year Commission?	ide CMRS service in Wisconsin at a future date? 's CMRS revenues have already been reported to the ncerning annual report (utility name and number, repo	Y (Y/N) *  (Blank/Y/N)  N (Y/N) *  ort name, page and	
assessment purposes. Wisconsin Gross Intrastate O	e revenues (in 000's) for Universal Service Fund perating Telecommunications Service Revenue	(000's) Redacted	
Annual Report Notes (if applicable)			
Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.			
When the submit button is clicked, the program will check for errors and display a message to the right of any box with an error. If there are no errors, a confirmation page will appear.			

Print Check for Errors & Submit